

JAN 3 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

40608

1. PLACE OF DEATH

County Keosauqua
Township Keosauqua
City Keosauqua (No.)

Registration District No. 677
Primary Registration District No. 440.3

File No.
Registered No. 125 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucie Schuman

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935 to Dec 16, 1935

I last saw him alive on Dec 16, 1935. Death is said to have occurred on the date stated above, at 9 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24, 1865

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 9 20

Acute meningitis

Date of onset 10-20-35

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

in Meningitis 12-1-35

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

Other contributory causes of importance NO

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

13. NAME Charles Schuman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME OK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

17. INFORMANT (ADDRESS) Geo Schuman Keosauqua

18. BURIAL CREMATION, OR REMOVAL PLACE DATE 12-17-35

19. UNDERTAKER (ADDRESS) Keosauqua Mo

20. FILED Dec. 17, 1935 Geo. F. Cress Registrar.

Name of operation Physical Date of NO
What test confirmed diagnosis? Physical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

Also, specify
(Signed) L. Mitchell M. D.
(Address) Keosauqua Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

